

Name
in
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

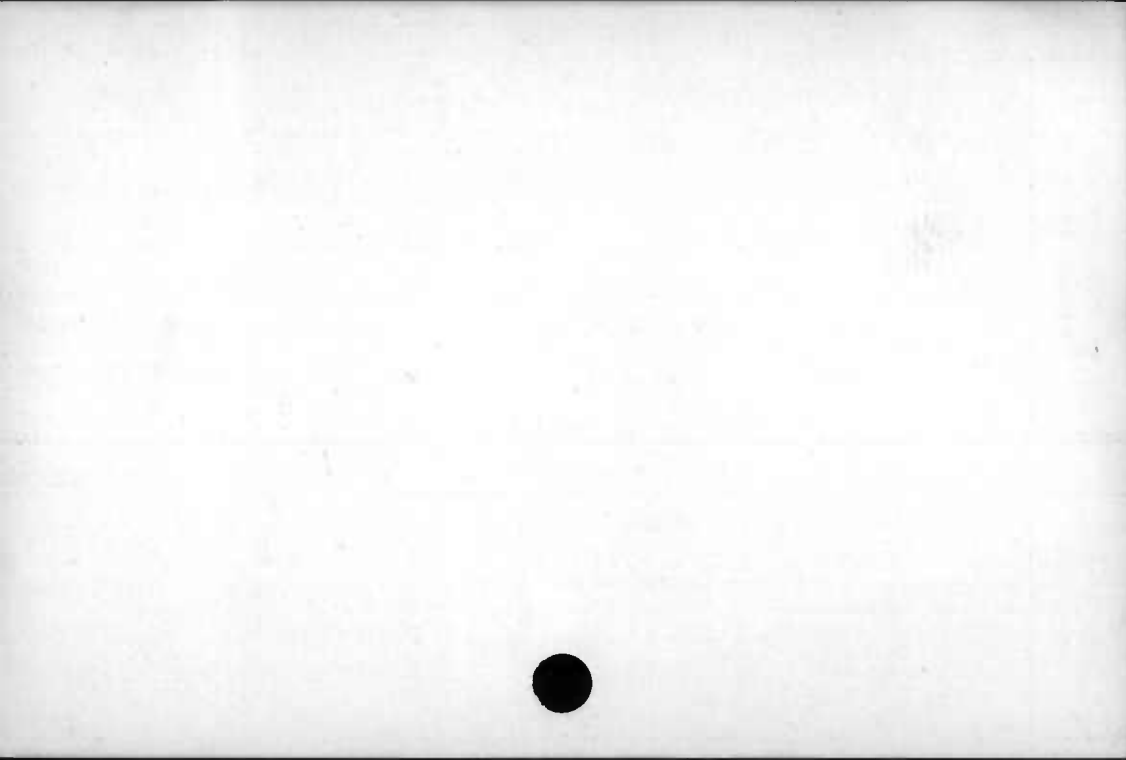
Died at		Town <i>Queenstown</i>		County <i>D. C.</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>28</i>	Age <i>28</i>	Years	Months <i>4</i>	Days <i>15</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Queenstown, Md.</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>James Edward Andrews</i>				Father's Birthplace <i>Talbot Co., Md.</i>			
Mother's Maiden Name <i>Mary Elizabeth Hoffmann</i>				Mother's Birthplace <i>Talbot Co., Md.</i>			
Name of person giving In formation <i>Jas. E. Andrews</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Fermentative indigestion</i>		How long	<i>24 hours</i>
Immediate	<i>Heart failure</i>		How long	<i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Rowland H. Ford</i>	
			Address 	
Accident or Suicide?				



Name
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William Jowser

CERTIFICATE OF DEATH

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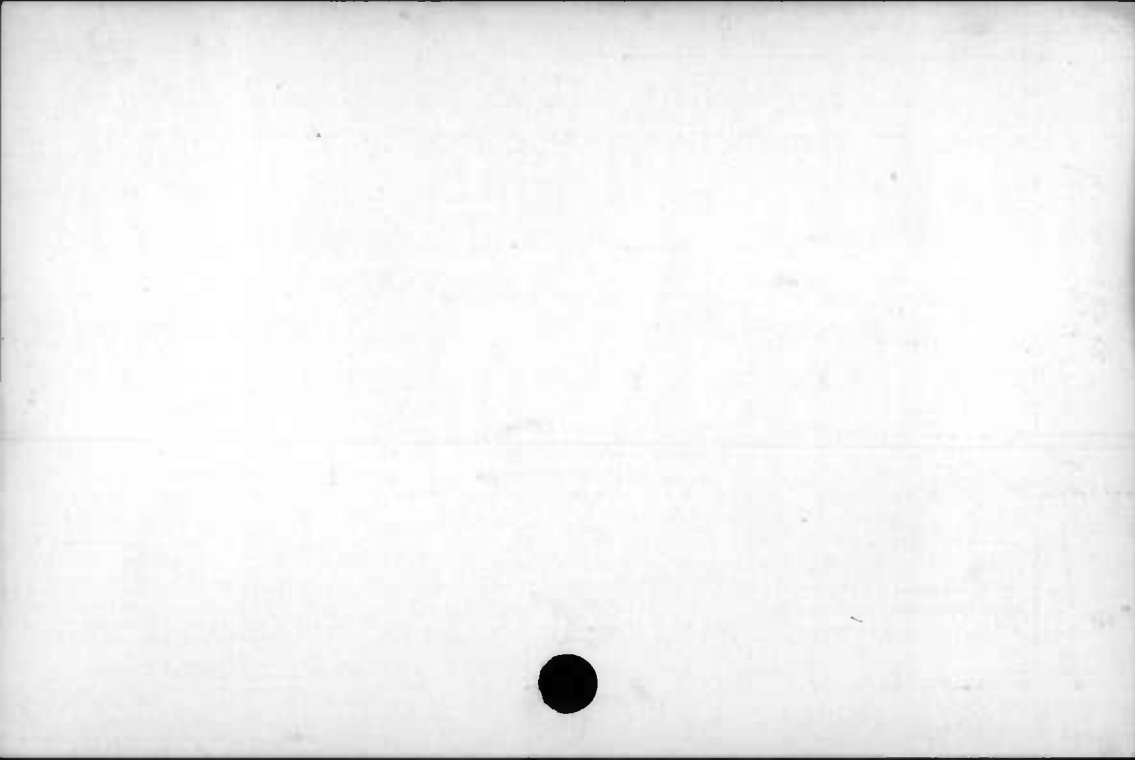
Died at <i>near Queenstown</i>		Town <i>Queenstown</i>		County <i>Q. Co.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>15</i>	Age <i>45</i>	Years <i>45</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Q. Co., Md.</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>Mary (Stewart) Jowser</i>				
Father's Name <i>Barney Jowser</i>			Father's Birthplace <i>Q. Co., Md.</i>				
Mother's Maiden Name <i>Mary Boulden</i>			Mother's Birthplace <i>Q. Co., Md.</i>				
Name of person giving information <i>Joshua T. Rhynes</i>			How related to deceased <i>Friend</i>				

CAUSES OF DEATH

113

PHYSICIAN
OR CORONER

Primary <i>Hepatic thrombus</i>	How long <i>one month</i>
Immediate <i>Heart failure</i>	How long <i>no hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rowland H. Ford</i>
<i>Scott Towne</i>	Address <i>Queenstown, Md.</i>
Accident or Suicide? <i>no</i>	



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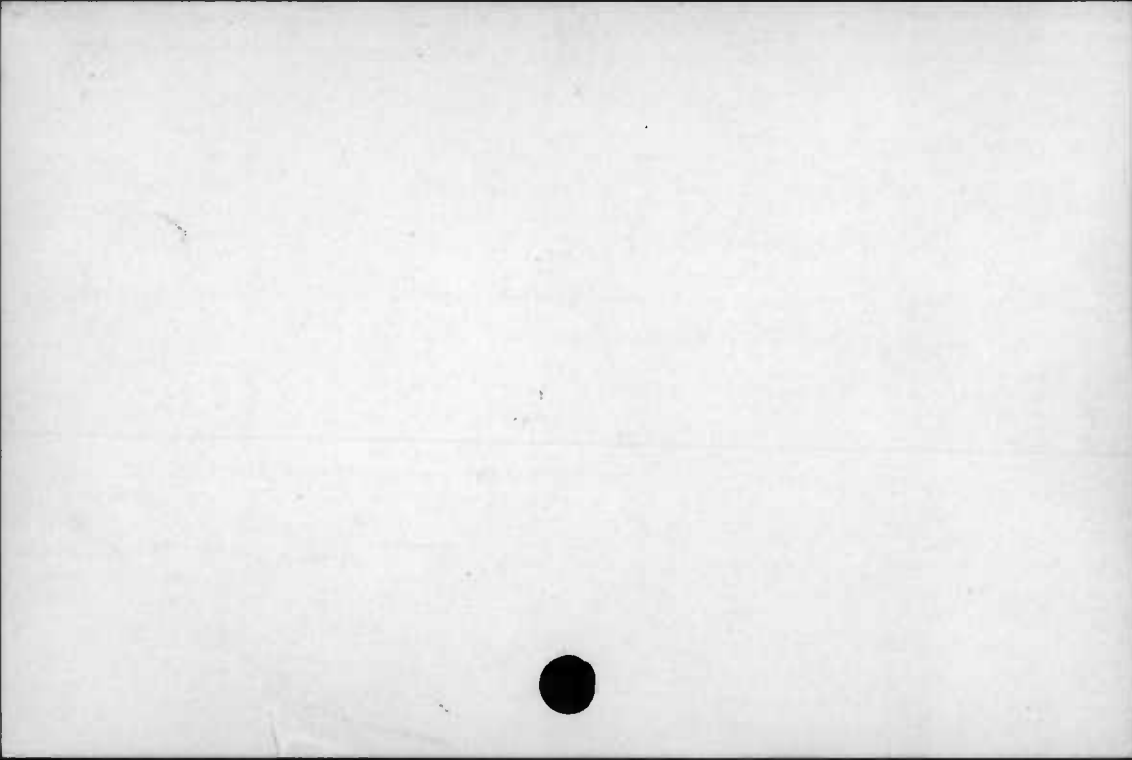
Name in Full <i>Mary A. Boyle</i>		Town <i>Willoughby</i>		County <i>Linn</i>		State <i>MARYLAND</i>	
Died at <i>Willoughby</i>		Month <i>5</i>		Day <i>12</i>		Years <i>58</i>	
Date of death <i>1908</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hazleton Pa.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Willoughby</i>					
Married, Single Widowed		Name of Wife or Husband <i>Thomas Boyle</i>					
Father's Name <i>Dan Golden</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Bridget Hart</i>		Mother's Birthplace <i>Id.</i>					
Name of person giving Information <i>Chas. Boyle</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>several years</i>
Immediate <i>Heart Failure</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Stack M.D.</i>
	Address <i>W. W. Mills.</i>
Accident or Suicide?	



Name
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Full

Mary Ann Cole

CERTIFICATE OF DEATH

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NEAREST FRIEND

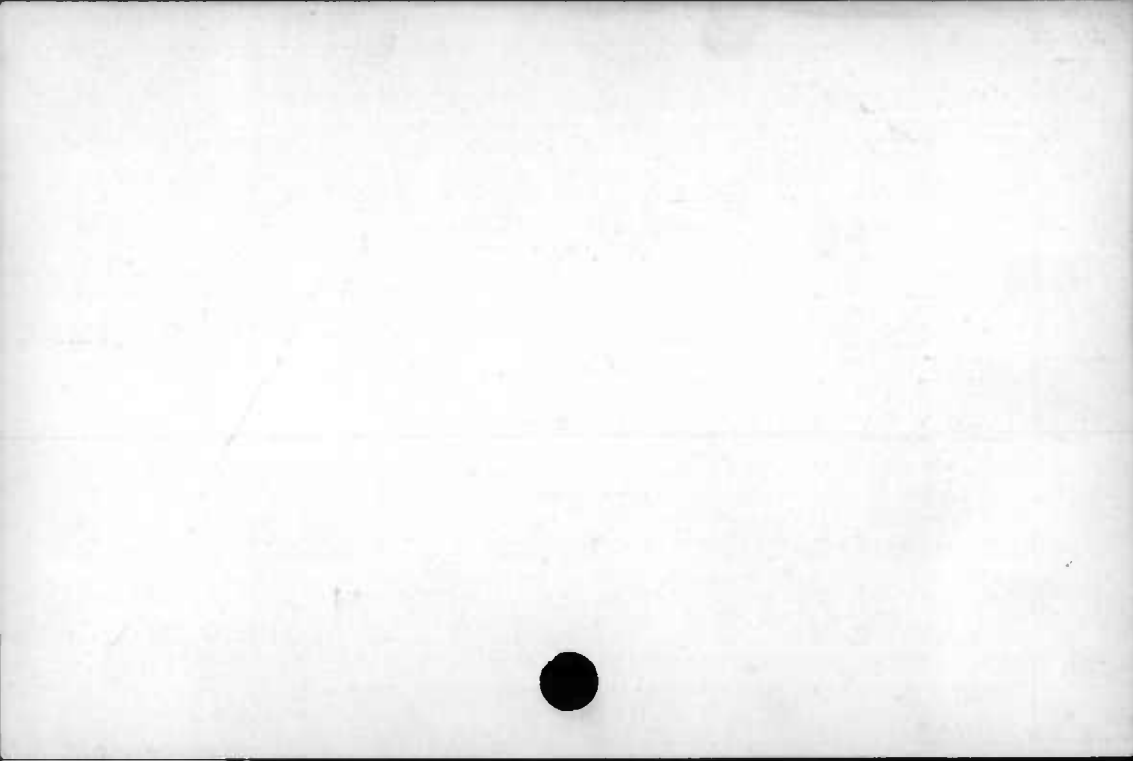
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		5	16	58			
Sex	Female		Color or Race	White-American		Birth-place	Queen Anne Co
Occupation	House Work			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Geo. E. Cole			
Father's Name	Samuel S. Sasset				Father's Birthplace	Md	
Mother's Maiden Name	Emeline Downes				Mother's Birthplace	"	
Name of person giving information	Rachel Downes				How related to deceased	Cousin	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Arterio Sclerosis	How long	2nd Knee
Immediate	Cerebral Hemorrhage	How long	6 1/2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm. R. S. M.D.
		Address	Beetleville Md
Accident or Suicide?	no		



Name in Full		Lucy Doyle				CERTIFICATE OF DEATH	
Died at		Town Storley Cor		County Anne Arundel		MARYLAND	
Date of death		1908	Month May	Day 10th	Age Years	Months 1	Days
Sex		Female		Color or Race White		Birth-place Anne Arundel Co	
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Lora I Doyle				Father's Birthplace Anne Arundel Co	
Mother's Maiden Name		Mary F. Seney				Mother's Birthplace Anne Arundel Co	
Name of person giving information		Lora I Doyle				How related to deceased Father	
CAUSES OF DEATH							
Primary		Unknown				How long	
Immediate		Unknown				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. S. Dudley			
Address		Anne Arundel Co Md					
Accident or Suicide?		No					

179

1946

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Sullivan W. Earle
Died at ^{Town} Centreville ^{County} I. A.Date of death 1908 ^{Month} May ^{Day} 24 ^{Years} Age ^{Months} ^{Days} 4

Sex Male Color or Race Black Birth-place I. A. Co

Occupation none Where Residing If not at place of death Near Centreville

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Robert H Earle Father's Birthplace I. A. Co

Mother's Maiden Name Mary Sullivan Mother's Birthplace Kent Island

Name of person giving information Robert H. Earle How related to deceased Father

CAUSES OF DEATH

137

Primary Congenital weakness How long 4 days

Immediate Convulsions How long 3 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

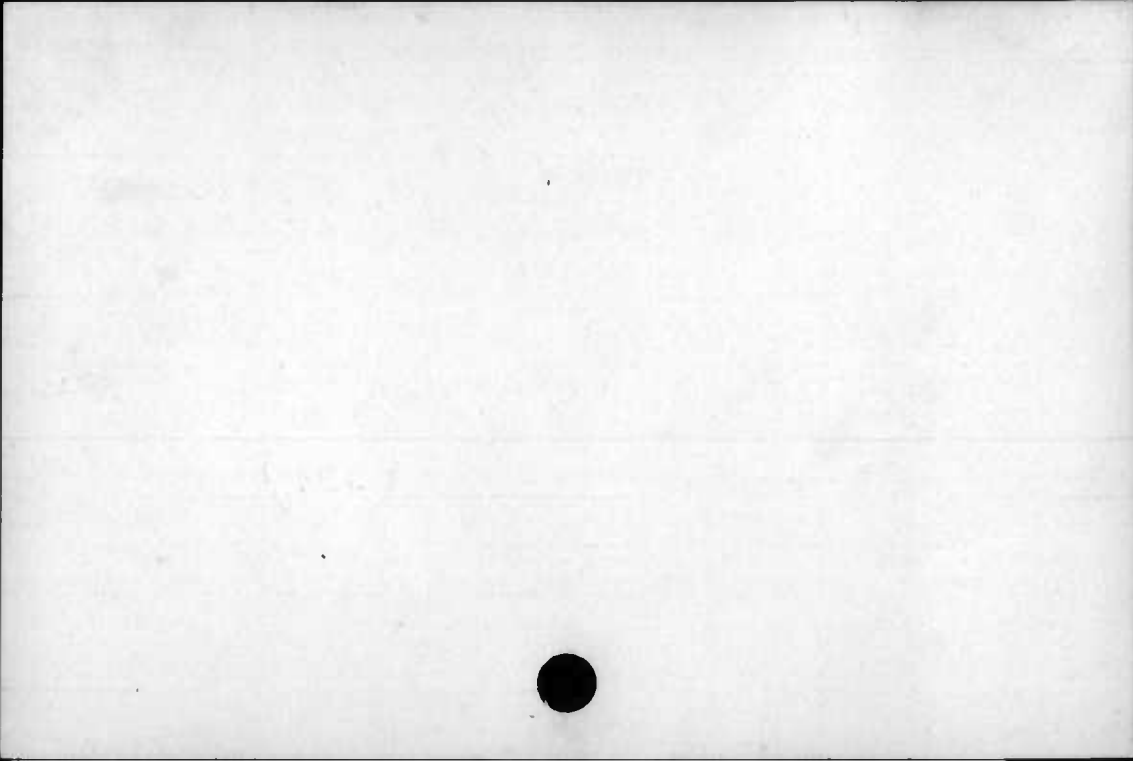
E. F. Smith M.D.

Address

Centreville

Md.

Accident or Suicide?



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Benton R Evers*

Died at *Ralphsby* ^{Town} *Queen Anne's Co* ^{County} *MARYLAND*

Date of death *1908* ^{Month} *May* ^{Day} *5th* ^{Age} *38* ^{Years} *7* ^{Months} *7* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Queen Anne's Co*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Elsie Evers*

Father's Name *John H. Evers* Father's Birthplace *Queen Anne's Co*

Mother's Maiden Name *Sallie Ralph* Mother's Birthplace *Queen Anne's Co*

Name of person giving information *Merwin Powell* How related to deceased *Uncle*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pneumonia, Tuberculosis* How long *1 yr*

Immediate *Exhaustion* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. S. Dudgey* Address *Church Hill, Queen Anne's Md*

Accident or Suicide? *no*

Chesham

Name
In
Full

CERTIFICATE OF DEATH

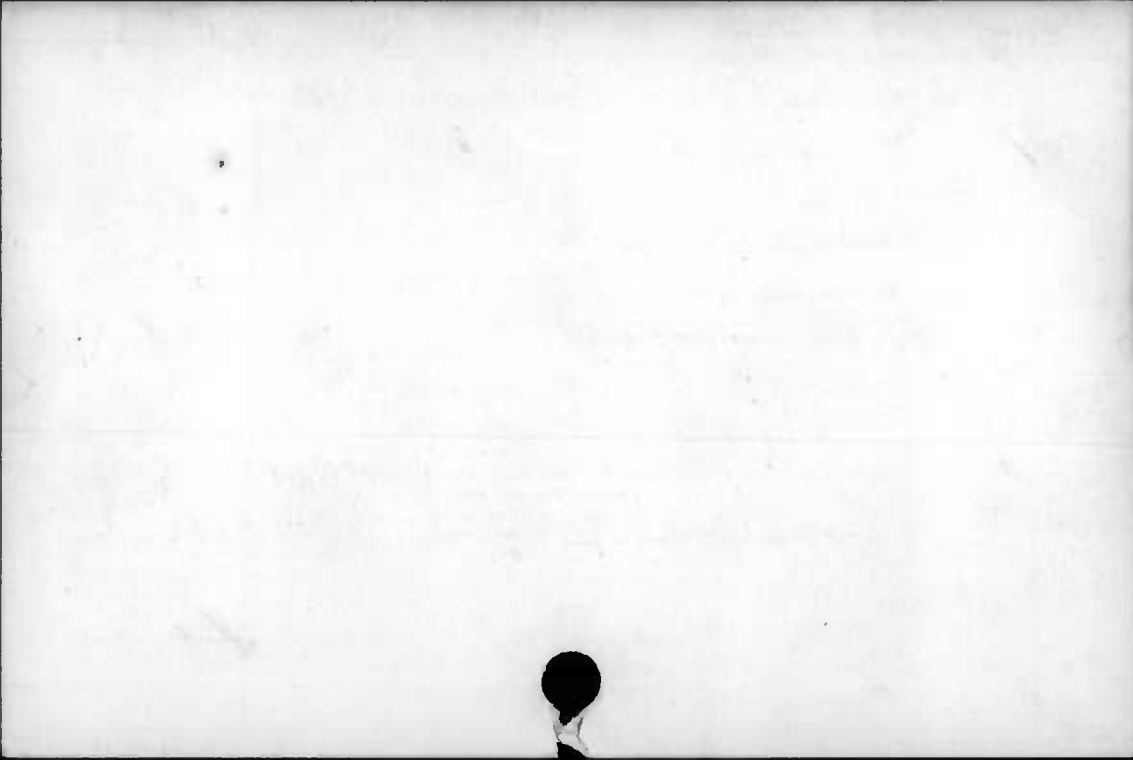
TO BE ANSWERED BY
NEAREST FRIEND

Name In Full John J. Donnell		Town Fords Store		County Queen Anne		State MARYLAND	
Died at Fords Store		Date of death 1908 May 30		Age 36		Months 5	
Sex Male		Color or Race White		Birth- place Fords Store		Days 9	
Occupation Mechanic		Where Residing if not at place of death Fords Store					
Married, Single or Widowed Widowed		Name of Wife or Husband Broslia Thomas					
Father's Name Thos O'Donnell		Father's Birthplace Delaware					
Mother's Maiden Name Martha Horrey		Mother's Birthplace Fords Store					
Name of person giving Information Thos. O'Donnell		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long 2 1/2 yrs
Immediate Exhaustion	How long Short time
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Wm. F. Henry
	Address Stevensville
Accident or Suicide? No	Ind



Name
in
Full

Francis Lucile Pennington

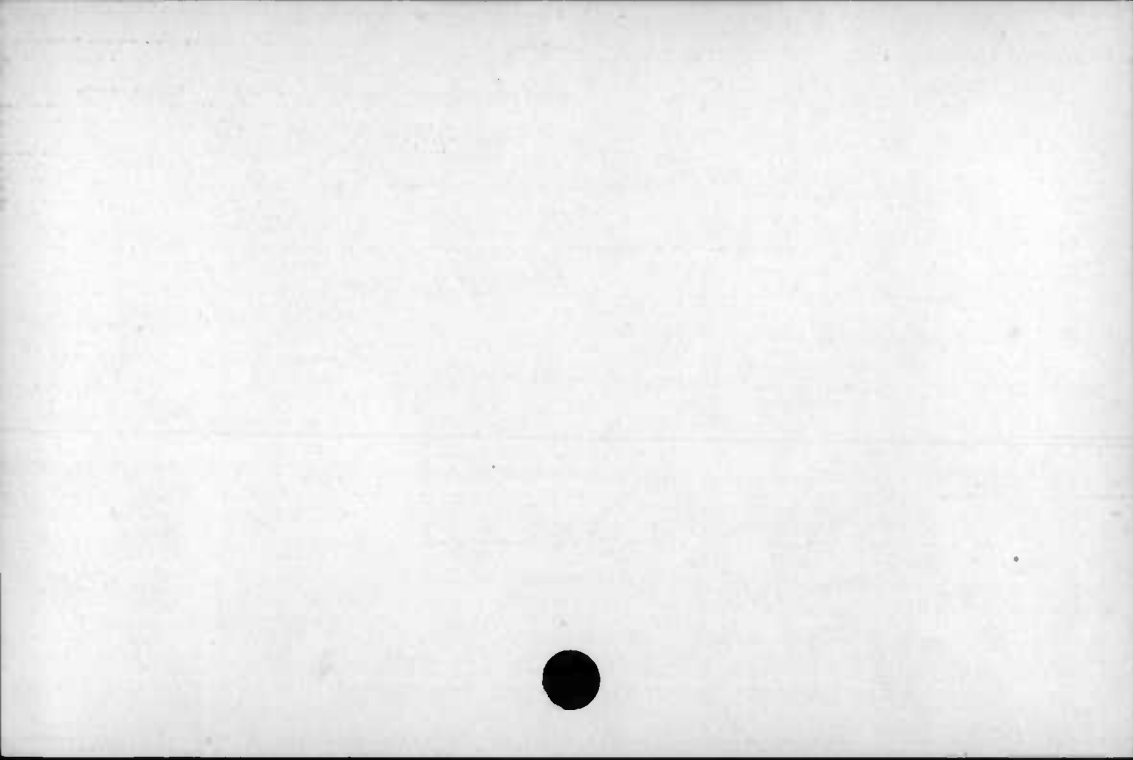
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hayden</u> Town		<u>Queen Anne</u> County		MARYLAND	
Date of death	1908	Month	May	Day	5
Age	Years		Months	Days	
Sex	Female		Color of Race	White	
Birth-place	Hayden D.C.				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	H. Pennington		Father's Birthplace	Ind.	
Mother's Maiden Name	L. G. Pennington		Mother's Birthplace	Ind.	
Name of person giving information	Father -		How related to deceased	Father	

CAUSES OF DEATH

Primary	<u>Intestinal Catarrh</u>	How long	<u>105</u> months
Immediate		How long	<u>one and a half</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>P. Hockett Ind.</u>
		Address	<u>Queen Anne Ind.</u>
Accident or Suicide?	<u>No</u>		



Name
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Mary Porter

CERTIFICATE OF DEATH

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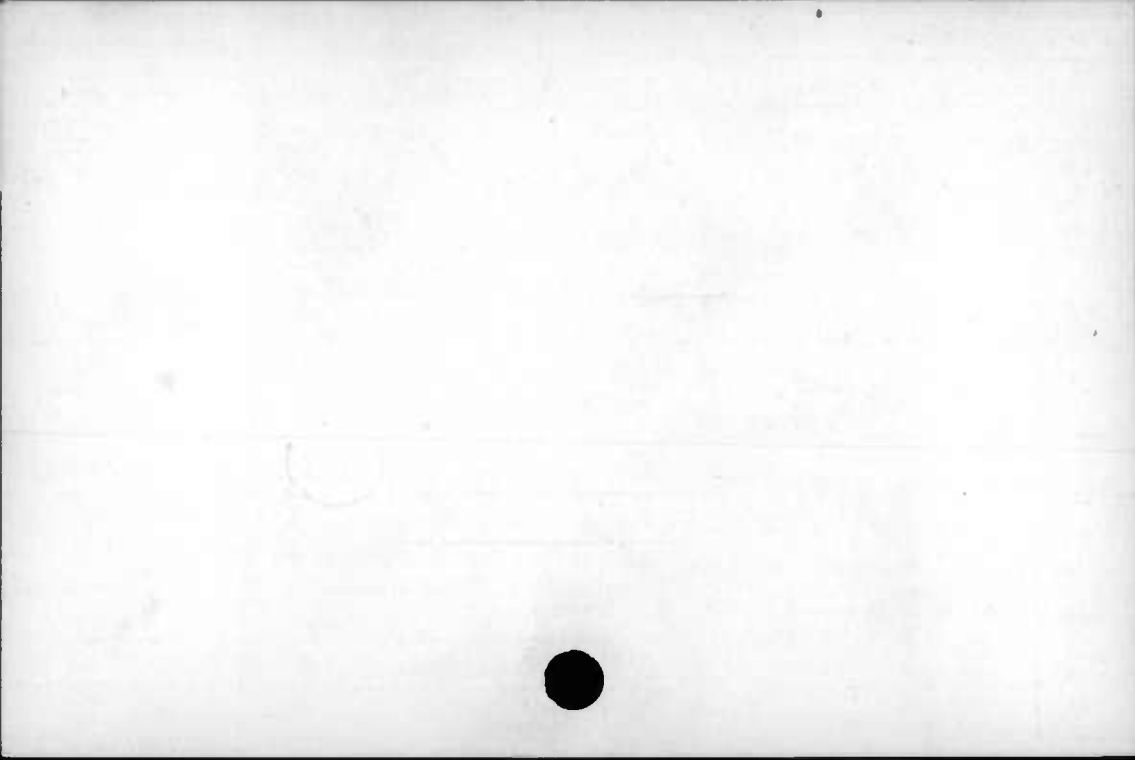
Died at <i>Near Centerville</i> ^{Town}		<i>Queen</i> ^{County} <i>Anne</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>17</i>	Age <i>47</i>	Months <i>2</i>	Days
Sex <i>Female</i>	Color or Race <i>White-American</i>		Birth-place <i>Caroline Co Md</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John T. Porter</i>				
Father's Name <i>Samuel Willis</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Petricia Plummer</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>John T Porter</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis</i>	How long <i>3 yrs</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James H. [illegible]</i>
	Address <i>Centerville Md</i>
Accident or Suicide? <i>no</i>	



Name
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Saml. N. Smith Jr

CERTIFICATE OF DEATH

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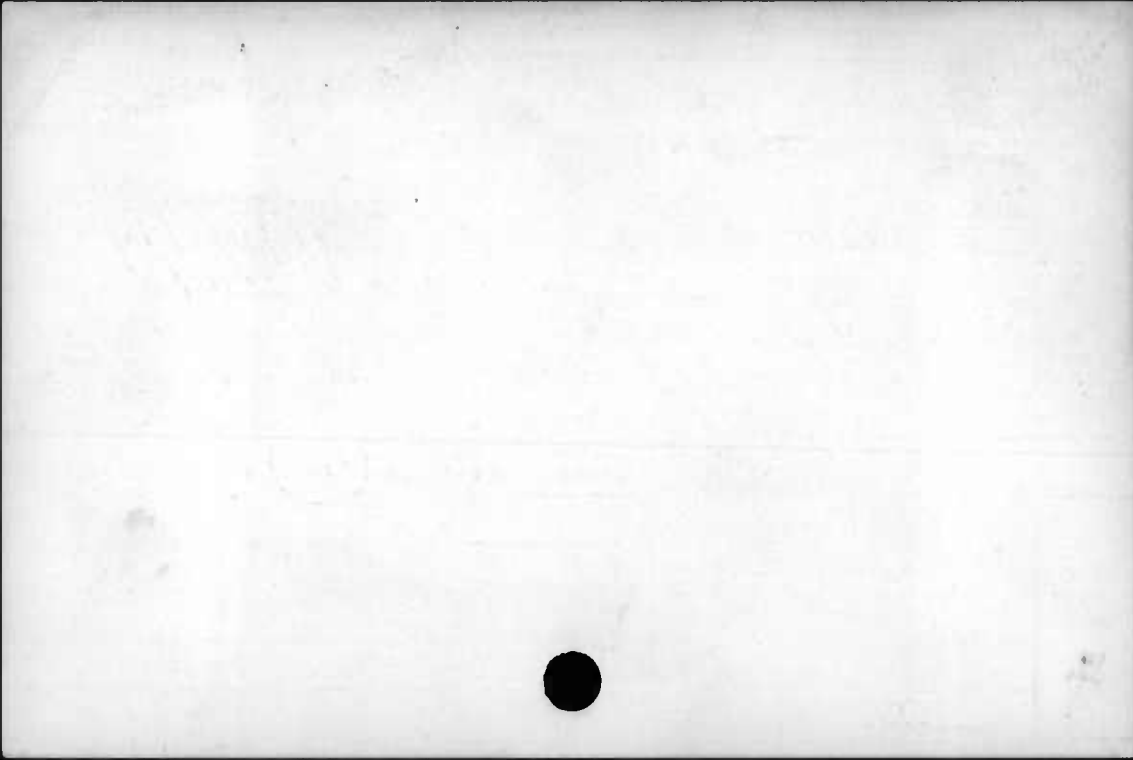
Died at <i>Willoughby</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>10</i>	Age <i>50</i>	Months <i>4</i>	Days <i>6</i>
Sex <i>male</i>	Color or Race <i>White-American</i>	Birth-place <i>Balto. md</i>			
Occupation <i>Merchant</i>	Where Residing if not at place of death <i>Willoughby</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Sarah Nora Bishop</i>				
Father's Name <i>Saml. N. Smith</i>	Father's Birthplace <i>Talbot Co</i>				
Mother's Maiden Name <i>Susan L. Townsend</i>	Mother's Birthplace <i>Balto md</i>				
Name of person giving information <i>S. Newton Smith</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of stomach</i>	How long <i>2 yrs</i>
Immediate <i>Obstruction</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>Wm. K. Reed</i>
	Address <i>Brickville Maryland</i>
Accident or Suicide? <i>NI</i>	



Name

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CERTIFICATE OF DEATH

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NEAREST FRIEND

Arthur S Sperry

Town Church Hill County Queen Anne's MARYLAND

Died at

Date of death 1908 May 18th Age 45

Sex Male Color or Race White Birth-place Queen Anne's Co

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Wm H. Sperry Father's Birthplace Queen Anne's Co

Mother's Maiden Name Rebecca H. Rigby Mother's Birthplace Queen Anne's Co

Name of person giving information J H Hall How related to deceased None

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Hemiplegia How long 3 wks

Immediate Exhosa How long 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician D S Dudley

Address Church Hill Maryland

Accident or Suicide? No

E. H. C.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Henry Walls

CERTIFICATE OF DEATH

MARYLAND

Died at *Cumpton* Town

County

*R. Anne*Date of death *1908*Month
*May*Day
*21*Age
Years
*80*Months
*6*Days
*14*Sex
*Male*Color or
Race*White*Birth-
place*Maryland*

Occupation

*Fanner*Where Residing if not
at place of death*"*Married, Single
or Widowed*Widowed*Name of Wife or
Husband*Susan Walls*Father's
Name*Joseph Walls*Father's
Birthplace*Md*Mother's
Maiden Name*Nancy Walls*Mother's
Birthplace*"*Name of person giving
Information*E. P. Jester*How related
to deceased*Son in law*

CAUSES OF DEATH

154

Primary

Senile debility

How long

Two years

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Arthur E. Lenders*

Address

Cumpton Md

Accident or Suicide?

(121)